

529 College Savings Plan Distribution Form

Customer Information:

Participant's Name _____

Daytime Phone: () -

Participant's Social Security or Tax I.D. Number (required)

Participant's Account Number: _____ - _____

Beneficiary's Name _____

Beneficiary's Address _____

City _____

State _____

Beneficiary's Social Security or Tax I.D. Number (required)

Use this form to request distributions or to make a rollover distribution to another 529 Plan by selling units in your 529 College Savings Plan. If you want to transfer a balance to another beneficiary, please complete a **Beneficiary Change Request Form**. If this 529 Plan account was established under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act (UGMA/UTMA), the account assets belong to the Minor/Beneficiary and may only be used for the benefit of the Minor/Beneficiary.

Return the completed form to Fidelity Investments, College Plan Service Center, PO Box 770001, Cincinnati, OH 45277-0015. If you have any questions, call us anytime at **800-544-1914** or visit us at **Fidelity.com**.

1 DISTRIBUTION SELECTION

Choose to either distribute part or all of an account.

- ☐ **Partial Distribution:** Distribute the dollar amount indicated. I understand that if there are any fees they will be deducted from the remaining account balance of the Portfolio first listed in Section 2. Therefore, the amount debited from my account, including fees, may be more than the amount indicated below. (Your entire account will be redeemed and account closed if the amount requested, including any fees, equals or exceeds your account balance.)

\$ _____, _____ . _____

- ☐ **Full Distribution:** Liquidate my entire account balance and close my account. If I have Fidelity Automatic Account Builder or Money Line, please cancel that service. I understand that if there are any fees, they will be deducted from this distribution.

2 DISTRIBUTION ALLOCATION

You must write in the name of the Portfolio(s) from which the distribution will be taken, and the dollar amount from each Portfolio. If you wish to withdraw all of the assets from a Portfolio(s), write in the Portfolio name(s) and check the box to indicate a full Portfolio distribution. If you do not specify any Portfolios or the dollar amount(s), you will need to resubmit your request before any distribution is made.

If you request a distribution from one or more Portfolios in which you do not have sufficient value to make the distribution, we will send you the entire value from the Portfolio(s) requested; however, we will not automatically withdraw the remaining amount from any other Portfolio. You must make a separate distribution request for the difference.

Portfolio Name (Fees will be deducted from the first Portfolio listed)	Dollar Amount	Full Portfolio Distribution (Check all that apply)
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
Total	\$ _____	

Please continue →



1.710674.108

015390001



3 PAYMENT INSTRUCTIONS

Please provide us with the payment information requested below.

☐ A check payable to the participant at the current address of record.

☐ A check payable to the following payee at the following address:

Name of Payee on Check

Street Address

City, State, Zip

☐ A **Rollover** check **payable** to the following company/plan and mailed to the following address:

Company/Plan Name

Account Number

Street Address

City, State, Zip

☐ A wire to the following bank. Please allow 2–3 business days for your payment to arrive at your bank.
Attach a voided check from your bank account or complete the following information.

Bank Name

Bank Routing Number

Name on Bank Account

Bank Account Number

4 AUTHORIZING SIGNATURE

I authorize Fidelity to make the distribution in this instruction. I understand that if this 529 Plan account was established under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act (UGMA/UTMA), the account assets belong to the Minor/Beneficiary and may only be used for the benefit of the Minor/Beneficiary. I, the undersigned, agree that the statements made herein are true and correct. I hereby ratify these written instructions and any telephone instruction given pursuant to this authorization and agree that neither the Plan nor Fidelity will be liable for any loss, liability, cost, or expense for acting upon such instruction. I understand that telephone calls to Fidelity may be recorded, and I consent to such tape recordings.

I also agree to immediately notify Fidelity in writing if in the future I receive a refund related to any prior qualified disbursement.

SIGNATURE OF PARTICIPANT/
AUTHORIZED INDIVIDUAL

Date

X



Smart move.®